105 WEST PIONEER, PO BOX 400 CRANDON 54520 Ownershi p: Corporation Phone: (715) 478-3324 Operated from 1/1 To 12/31 Days of Operation: 366 Highest Level License: Skilled Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/00): 82 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/00): 82 Average Daily Census: 77

CRANDON NURSING HOME, THE

Number of Residents on 12/31/00: 76

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%			
Home Health Care	No No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	19. 7
Supp. Home Care-Personal Care	No					1 - 4 Years	46. 1
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	3. 9	More Than 4 Years	34. 2
Day Services	No	Mental Illness (Org./Psy)	43. 4	65 - 74	9. 2		
Respite Care	Yes	Mental Illness (Other)	5. 3	75 - 84	35. 5		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	44. 7	****************	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegi c	6. 6	Full-Time Equivalent			
Congregate Meals	Yes	Cancer	0.0			Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	5.3		100. 0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	17. 1	65 & 0ver	96. 1		
Transportation	No	Cerebrovascul ar	14. 5			RNs	13. 5
Referral Service	No	Di abetes	3.9	Sex	%	LPNs	5. 2
Other Services	No	Respi ratory	7. 9			Nursing Assistants	
Provide Day Programming for		Other Medical Conditions	1.3	Male	25. 0	Aides & Orderlies	36. 2
Mentally Ill	No			Female	75. 0		
Provide Day Programming for			100.0				
Developmentally Disabled	No				100. 0		

Method of Reimbursement

	Medicare (Title 18) Per Diem				Medicaid (Title 19) Per Diem			0ther			Pri vate Pay			Managed Care			Percent
				`				Per Diem			J			Per Diem Total			Of All
Level of Care	No.	%	Rate	No.	%	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	1	1. 5	\$111. 37	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	1	1. 3%
Skilled Care	0	0. 0	\$0.00	56	86. 2	\$94. 58	0	0.0	\$0.00	5	45. 5	\$106.50	0	0. 0	\$0.00	61	80. 3%
Intermediate				8	12. 3	\$77. 79	0	0.0	\$0.00	4	36. 4	\$106.50	0	0. 0	\$0.00	12	15. 8%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	2	18. 2	\$106.50	0	0. 0	\$0.00	2	2.6%
Personal Care				0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0%
Traumatic Brain Inj	. 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0%
Ventilator-Depender	nt 0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Total	0	0.0		65 1	00.0		0	0. 0		11	100.0		0	0.0		76	100. 0%

CRANDON NURSING HOME, THE

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condi t	ions, Services	, and Activities as of 12/3	31/00
Deaths During Reporting Period							
				Total			
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	20. 9	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	0.0	Bathi ng	39. 5		47. 4	13. 2	76
Other Nursing Homes	18.6	Dressi ng	39. 5		47. 4	13. 2	76
Acute Care Hospitals	60. 5	Transferri ng	51. 3		38. 2	10. 5	76
Psych. HospMR/DD Facilities	0.0	Toilet Use	44. 7		44. 7	10. 5	76
Rehabilitation Hospitals	0.0	Eati ng	78. 9		0. 0	21. 1	76
Other Locations	0.0	***************	******	*****	******	*********	******
Total Number of Admissions	43	Continence		%	Special Trea	tments	%
Percent Discharges To:		Indwelling Or Externa	al Catheter	3. 9	Recei vi ng	Respi ratory Care	3. 9
Private Home/No Home Health	13.6	0cc/Freq. Incontinent	of Bladder	27. 6	Recei vi ng	Tracheostomy Care	0. 0
Private Home/With Home Health	22.7	0cc/Freq. Incontinent	of Bowel	17. 1	Recei vi ng	Sucti oni ng	0. 0
Other Nursing Homes	4. 5				Recei vi ng	Ostomy Care	1. 3
Acute Care Hospitals	4. 5	Mobility			Recei vi ng	Tube Feedi ng	1. 3
Psych. HospMR/DD Facilities	0.0	Physically Restrained	i	14. 5	Recei vi ng	Mechanically Altered Diets	38. 2
Rehabilitation Hospitals	0.0						
Other Locations	0.0	Skin Care			Other Reside	nt Characteristics	
Deaths	54 . 5	With Pressure Sores		2.6	Have Advan	ce Directives	90. 8
Total Number of Discharges		With Rashes		3. 9	Medi cati ons		
(Including Deaths)	44	[Recei vi ng	Psychoactive Drugs	42. 1
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Ownership: Bed Size: Li censure: 50-99 Thi s Propri etary Skilled Al l Facility Peer Group Peer Group Peer Group Facilities % % Ratio % Ratio % Ratio % Ratio Occupancy Rate: Average Daily Census/Licensed Beds 93.9 80.4 1. 17 85. 4 1. 10 84. 1 1. 12 84. 5 1.11 77.5 Current Residents from In-County 63. 2 74. 2 0.85 72.9 0.87 76. 2 0.83 0.82 Admissions from In-County, Still Residing 23. 3 19.0 1. 22 21.3 1.09 22. 2 1.05 21.5 1.08 Admissions/Average Daily Census 55.8 135.3 0.41 101.3 0.55 112. 3 0.50 124.3 0.45 Discharges/Average Daily Census 57. 1 137.7 0.42 101.3 0.56 112.8 0.51 126. 1 0.45 Discharges To Private Residence/Average Daily Census 20.8 **57. 0** 0.36 37. 6 0.55 44. 1 0.47 49.9 0.42 Residents Receiving Skilled Care 81.6 89.4 0.91 89.6 0.91 89.6 0.91 83. 3 0.98 Residents Aged 65 and Older 96. 1 95.9 1.00 93.4 1.03 94. 3 1.02 87.7 1. 10 Title 19 (Medicaid) Funded Residents 85. 5 71.6 1. 20 **69.** 0 1. 24 70. 1 1. 22 69.0 1. 24 Private Pay Funded Residents 19.0 0.76 23. 2 0.62 0.68 22.6 0.64 14. 5 21.4 Developmentally Disabled Residents 0.0 1. 2 0.00 0.9 0.00 0.9 0.00 7.6 0.00 Mentally Ill Residents 48.7 35.9 1.35 41.5 1.17 39.6 1.23 33. 3 1.46 General Medical Service Residents 1.3 18. 2 0.07 15.4 0.09 18. 4 0.07 17.0 0.08 0.67 0.66 48. 2 49. 4 Impaired ADL (Mean) 31.6 47.3 47.7 0.66 0.64 42. 1 **45.** 0 0.94 0.82 50.8 0.83 50. 1 0.84 Psychological Problems 51.3 6. 7 6. 9 0.93 Nursing Care Required (Mean) 6.4 0.95 6.7 0.95 7. 2 0.90